

**RFS 7-99**  
**SOLICITATION OF INSURANCE PROVIDERS**  
**ATTACHMENT H**

**READINESS REVIEW**

The Plan must participate in the Readiness Review process prior to the actual enrollment of any members in the Plan. As requested by the Office of Medicaid Policy and Planning (OMPP), the Plan must submit documentation from several operational areas to demonstrate the Plan's readiness to enroll members. Operational areas include, but are not limited to:

- POWER Account Administration
- Application Intake and Plan Coverage Enrollment
- Provider Network/Access to Services
- Quality Management and Improvement
- Utilization and Medical Management
- Preventative Care and Other Education/Outreach Programs for Members and Providers
- Member Services
- Provider Services
- Administration and Organizational Structure
- Financial Stability
- Information Systems (IS)
- Encounter Claims Submission

Examples of documentation the Plan may be required to submit during Readiness Review include the following:

- Organization charts, resumes, job descriptions
- Training curricula and schedules
- Draft formulary
- Compliance work plan for the program integrity activities set forth in Section 6.3 of Attachment D of the RFS
- Quality Management and Improvement Work Plan
- Financial statements
- Certificates of insurance, proofs of coverage
- Member and provider handbooks and other guidance, notices, etc.
- Marketing materials and plans

All of the Plan's subcontracts that are in place before the start date of a contract under this RFS will be subject to the established Readiness Review requirements. All subcontracts will be subject to State review and approval prior to becoming effective. If there is a change in the Plan's subcontractors for major portions of the requested services during the course of the contract, OMPP may require another Readiness Review at any time.

If for any reason the Plan does not pass the Readiness Review, the Plan may be subject to delayed member enrollment or liquidated damages. If OMPP identifies major deficiencies during the Readiness Review, OMPP may delay member enrollment until the Plan adequately addresses the deficiencies or may terminate the contract.

OMPP reserves the right to conduct on-site visits during the Readiness Review.

### **Required Policies and Procedures**

During the Readiness Review, the Plan's policies and procedures must be available for review by OMPP. OMPP will be reviewing the policies and procedures to make sure they support, at a minimum, the activities outlined in Attachment D (Scope of Work) of the RFS.

The Plan's policies and procedures must support the Plan's compliance with all reporting requirements. The Plan must have policies, procedures and mechanisms in place to ensure that the financial and non-financial performance data submitted to OMPP and the monitoring contractor is accurate and complete, and that it is submitted within the requested timeframes and in the formats identified by OMPP.

The Plan must provide policies and procedures that address quality improvement and integrate all health care delivery services and member services activities with the Plan's Quality Management and Improvement Work Plan described in Section 6.0 in Attachment D of the RFS. These activities include but are not limited to:

- Member helpline
- Member education and outreach programs
- Member enrollment
- Member materials
- Member grievances and appeals

The Plan must have policies and procedures detailing the process used to select and maintain in-network providers. The Plan must have policies and procedures that detail (at a minimum) the integration of all provider services, network development, provider contracting and credentialing, provider communications, provider claims dispute processes and provider management activities with the Plan's Quality Management and Improvement Work Plan described in Section 6.0 in Attachment D of the RFS.

The Plan must have policies and procedures to audit and monitor the timeliness, accuracy and completeness of provider encounter claim submissions documenting services rendered to the Plan's members. The Plan must have policies and procedures regarding claims submissions and processing that integrate with and support the internal Quality Management and Improvement Plan as described in Section 6.0 in Attachment D of the RFS.